Üriner Taş İçeren Tıkayıcı Olmayan Üreteroselin Alışılmadık Şekilde Ortaya Çıkışı

Unusual Clinical Presentation of Bilateral Adult Non-Obstructing Ureteroceles Containing Urinary Stones

Yetişkin Ureteroselin Alışılmadık Prezentasyonu / Unusual Presentation of Adult Ureteroceles

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Özet

Üreterosel çocuklarda sık karşılaşılan bir problem olsa da, yetişkinlerde nadiren bildirilmektedir. Yetişkinlerdeki iki taraflı taşlı üreteroseller sık görülmeyen, iyi tolere edilen ve göreceli olarak nadir klinik durumlardır. Yetişkinlerdeki üreteroseller genellikle asemptomatik olsa da, taş içeren üreterosellerde yan ağrısı, idrar yolu enfeksiyonları ve mesane irritabilitesi gibi semptomlar görülebilmektedir. Üreteroseller kadınlarda daha sık görülse de, üreterosellerdeki taşlar erkeklerde daha sık olma eğilimindedir. Üreterosellerin pek çoğu transüretral endoskopik olarak hastaların çoğunda iyi tolere edilen bir şekilde güvenle tedavi edilebilir. Taş içeren tıkayıcı olmayan iki taraflı yetişkin üreteroselinin alışılmadık bir şekilde ortaya çıkışını sunmaktayız.

Anahtar Kelimeler

Üreterosel, Üriner Taş.

Abstract

Ureterocele, while not an uncommon pediatric urologic problem, has been reported only rarely in adults. Adult bilateral ureteroceles with calculi is an uncommon and well tolerated, relatively rare clinical entity. Although ureteroceles in adults are usually asymptomatic, various symptoms tend to appear in ureteroceles with stones, such as flank pain, urinary tract infections and bladder irritability. While ureteroceles occur more commonly in women, stones in ureteroceles tend to be more common in men. Most ureteroceles can be safely managed transurethrally endoscopically which is generally well tolerated by most patients. We present an unusual clinical presentation of bilateral adult non-obstructing ureteroceles containing urinary stones.

Keywords

Ureteroceles, Urinary Stone.

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Introduction

An ureterocele is a congenital saccular dilatation of terminal portion of the ureter. It has varied effects in regard to obstruction, reflux, continence and renal function [1]. Adult bilateral ureteroceles with calculi is an uncommon and well tolerated, relatively rare clinical entity. The overall incidence of stones in ureteroceles varies from 4 to 39% these are generally solitary [2]. Although ureteroceles in adults are usually asymptomatic, various symptoms tend to appear in ureteroceles with stones, such as flank pain, urinary tract infections and bladder irritability [3]. Here we present an unusual clinical presentation of bilateral adult non-obstructing ureteroceles containing urinary stones.

Case Report

A 57 years old male patient was referred to our clinic from our gastroenterology department for consultation for benign prostatic hyperplasia. Patient had the complaints of nocturia [2-3], frequency in defecation, tenesmus and chronic constipation. He had these symptoms for one year and admitted to several gastroenterologists. They evaluated him and made all the diagnostic tests including colonoscopy. Their diagnosis was irritable bowel syndrome. Patient reported that he used the medication for that disease but his symptoms did not relief. He did not have any systemic disease and did not undergo any surgical procedure. He did not have any previous history of urinary tract infections and urinary stone disease. General physical examination and digital rectal examination did not reveal any abnormality. Urinanalysis was normal. Serum prostate-specific antigen level is measured and found to be 0.62 ng/mL. Renal and urinary bladder ultrasonography revealed bilateral ureteroceles containing urinary stones. Excretory urography demonstrated the characteristic cobra head (or spring onion) deformition area (Figure 1). An endoscopic transurethral incision of ureteroceles with a Collin's knife and extraction of urinary stones were performed under general anaesthesia. Three months after surgery, intravenous urography and cystography showed bilateral normal upper and lower urinary tracts and the absence of vesicoureteral reflux. The bowel symptoms of the patient also revealed after surgery.

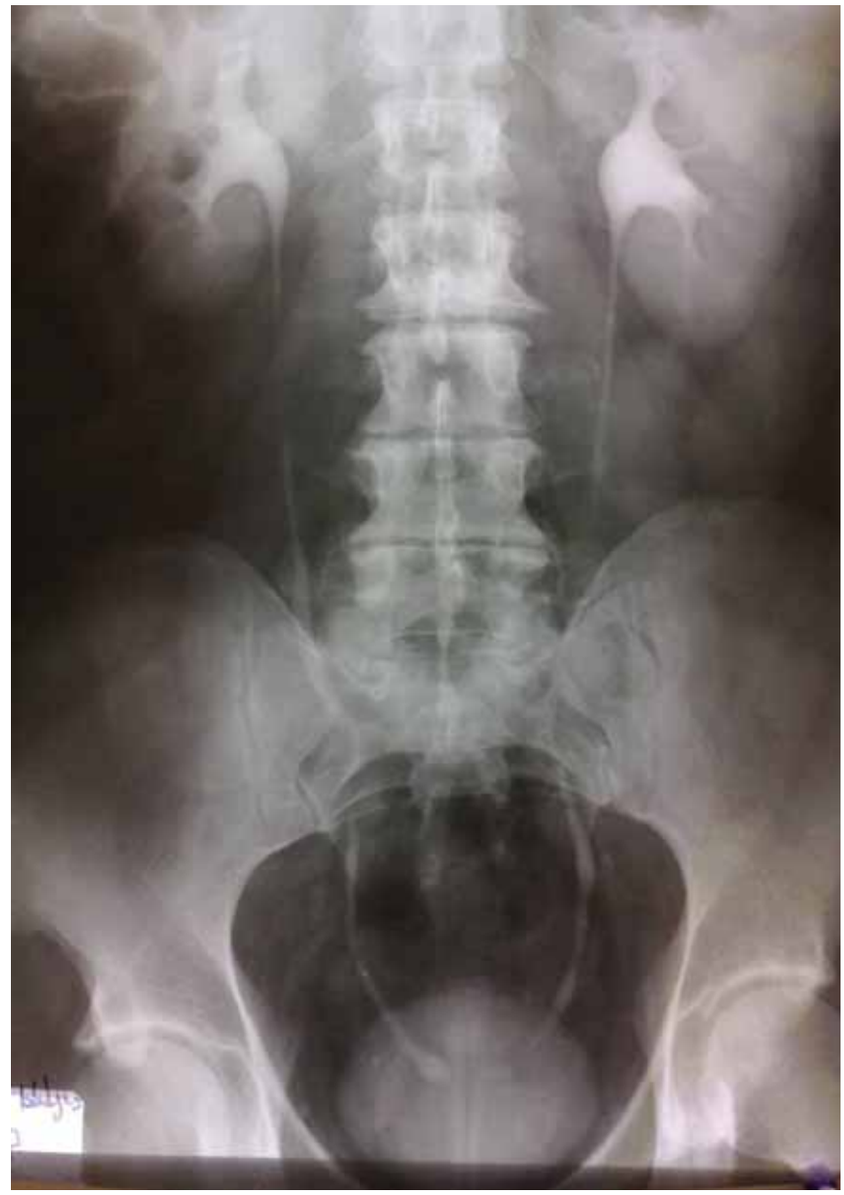

Figure 1. Characteristic cobra head deformity in excretory urography

Discussion

Ureterocele, while not an uncommon pediatric urologic problem, has been reported only rarely in adults. The ureteroceles usually remain asymptomatic and/or unrecognized in adults. Ureterocele is usually discovered on radiological examination or during endoscopy. Urinary stasis in the dilated distal segment often lends to urinary infection and stone formation; precluding the most common presenting symptoms of dysuria, urgency, and recurrent urinary infections. Patients may present with hematuria, purulent urine, pyelonephritis, and abdominal pain. Urinary incontinence or retention may also be seen if the ureterocele causes an obstruction at the level of the bladder.

While ureteroceles occur more commonly in women, stones in ureteroceles tend to be more common in men [4]. Such cases are usually diagnosed in the adults during an investigation for urinary sepsis, dysuria, voiding difficulty, flank colics or hematuria. Stones frequently complicate adult ureteroceles; it is believed that this may be due to associated ureteral atony with urinary stasis that may contribute to urolithiasis [5].

Most ureteroceles can be safely managed transurethrally endoscopically which is generally well tolerated by most patients. The suitable indications for a successful endoscopic intervention include: (i) small to moderately sized ureteroceles and (ii) healthy ureteral wall with minimal atony so as to minimize reflux. The risk of post operative reflux is usually low if a transverse horizontal (smiling mouth) incision is used, since the overhanging hood acts as a fall back valve to diminish the occurrence of later vesicoureteral reflux [6,7].

Ureteroceles with calculi are uncommonly encountered in the adult population. Endoscopic management with a transverse meatotomy is the gold standard therapy to prevent vesicoureteral reflux. Bilateral ureteroceles with calculi in the adult population is an uncommon entity that should be correctly recognized and managed in the least invasive manner.

This case demonstrates the necessity of upper and lower urinary tract imaging in patients presenting with bowel symptoms especially in cases without an exact diagnose.

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